

## AMERICAN INTELLIGENCE.

## ORIGINAL COMMUNICATIONS.

*Encephaloid Tumour weighing ten pounds involving the Right Kidney of a Boy four years old.* By M. SHEPHERD, M. D., of Payson, Ill.—On the night of the 19th of January, 1857, I was called to see Charley, a boy four years old, the son of healthy, robust parents, each of whom will weigh as much as two hundred pounds. The father is a farmer of middle age. Charley is the youngest of five healthy children, and with the exception of a protracted illness from cholera infantum when he was a year old, has enjoyed good health and is well grown. During the month of October last, he was noticed, occasionally, to spit or vomit up his food soon after eating. Their family physician was consulted, who stated that it was a slight dyspeptic attack that would, doubtless, soon pass off without medication. Early in the winter his parents observed a tumid state of the abdomen, and, as is common in the country under such circumstances, administered some domestic anthelmintic, believing the tumidity to be occasioned by worms. There was no complaint on Charley's part up to this time, and he still indulged freely at the table, but frequently rejected a portion of the amount taken.

For several days before I visited him he had had high fever, with a coated tongue, thirst, constipation, and complained of pain in the abdomen. The marked fulness of that region soon directed my attention particularly to an examination of its various organs. I found the right side was occupied by an unnatural growth, which extended from the diaphragm to Poupart's ligament, and laterally to the umbilicus. From the latter point to within a short distance of the symphysis pubis the bounds of this growth were very distinct, and the fingers could be pressed beneath its rounded edge. This resembled so much the lobe of an enlarged liver that, in giving my opinion to the parents, I located the disease in that organ, and added that if it should prove to be so, in all probability, such an enlargement was without a precedent. My prognosis, of course, was unfavourable. The treatment for the night consisted in fomentation to the affected side, and 3 grs. cal. and 1 gr. of ipec. once in three hours, until three doses were taken, and the whole to be moved off with ol. ricini the next morning. The next day I found him with less fever, but a good deal of tenderness in the region of the liver. Applied epispast. over the entire diseased side, and ordered the same amount of calomel and ipecac. for the following night. In a few days, Charley was up and running about as usual, but without any abatement of the fulness of the abdomen.

I did not see him after the 13th until the 30th of January. There was no particular change during this time, the abdomen a little more prominent, and in consequence less inclination to exercise; lies in his cradle part of the time; appetite good; bowels regular; tongue clean; pulse 140; respirations hurried. Gave ioidid. potass. in syrup.

Feb. 6th was called again; found him more feeble; confined most of the time; still rejects a portion of his food. At my request, another physician

was invited to see the case with me. He was equally confident, with myself, that we had an enlarged liver to treat, and proposed iodid. ferri and other tonics. Within a few days the boy rejected all of the medicine administered to him. Finding it impossible to gain anything by medication, our remedies were discontinued. The parents of the boy being in rather indigent circumstances, I proposed to make regular, but gratuitous visits, in order that I might witness the progress of the disease. In a short time, I invited another intelligent physician of our village to see the boy. His view of the case coincided with my own, together with the consulting physician before alluded to. In fact, it appeared as if the liver was the only organ that could occupy and take complete possession of the right hypochondriac and iliac regions, as they were occupied in this case.

The boy lay most of the time on his back, slightly inclined to the right; but for some weeks before his death he would ask to be shifted from one side to the other every few minutes, and his cradle was kept in perpetual motion day and night. The last two months of his life his appetite was good, almost ravenous at times, while his stomach retained and perfectly digested all that he took into it. His tongue was clean, and his bowels had spontaneous evacuations daily. Within the above specified time he lost control, partially at first, but finally completely, of his urinary organs, so that that fluid was discharged guttatum. This was the first evidence we had of any derangement of these organs, and it was accounted for, in part, by mechanical displacement and pressure upon the organs concerned in its elimination. Notwithstanding his good appetite and digestion, his freedom from any perceptible exhausting influence, he steadily became more and more emaciated, until there was scarcely a muscular fibre remaining, and nothing but attenuated skin to cover his bones. He died April 30th.

*Post-mortem* 14 hours after death, conducted by Dr. Kendall, in presence of other physicians. On opening the abdomen, contrary to our expectation, a tumour, shaped very much like the stomach of the hog, somewhat longer, and about the same colour, forced itself partly through the opening. It was uniformly attached both to the right and posterior wall of the abdomen, from the pubis to the diaphragm. Anteriorly, it involved within its investing membrane almost the whole of the ascending colon. On the left side of the tumour, along the entire length, the ilium was attached. Posteriorly, the aorta and vena cava were involved together with the right kidney.

This tumour, notwithstanding the delicacy of its external covering, was removed entire, and weighed *fully ten pounds!* A heterologous monster of this size in the abdomen of a boy four years old, of course would displace every organ contained in it. The liver was compressed to its smallest dimensions against the diaphragm on the right, while the stomach was forced into the extreme left hypochondriac region. The spleen, pancreas, and small intestines occupied the left also. We were restricted as to the extent of our examination, and could not carry it further. The tumour was conveyed to town, where we examined it at our leisure. It was opened in presence of Drs. Bane, Reynolds, and Kay, and contained the right kidney almost entirely transformed into purely white lobules of soft medullary matter which surrounded it. There was no blood, and but few bloodvessels in this deposit. The covering of this mass was so unlike any of the contiguous structures where it had its origin that we feel it could not have been derived from them, but was doubtless a new formation. From the hasty examination of other organs within the abdomen, we feel satisfied that a similar deposit did not exist in or about any of them.